## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Prescribed by OMB Circular A-102

FEDERAL ASS	ISTANCE	2. DATE SUBMIT	TED	Applicant Identifier
	-0.711102	l .	29 2003	C E U V B
1. TYPE OF SUBMISSIO	ON:	3. DATE RECEIVE		
Appliantion	Prespolication	3. DATE RECEIVE	EU BY STATE	State Application Identifier
Construction	Construction	1 DATE DOACH	ED BY FEDERAL AGENC	
Non-Construction		A. AMIR MECETAL	EU BY FEDERAL AGEN	CY Federal dentifier ST 1 9 2000
S. APPLICANT INFORM	ATION	411077		
Legal Name:	^		Open almost a delication	A PARABIA MANG
Silican Valley Address (plva city, count)	Joxics Co	salition	Organizational Uni	Other Williams
760 N. First	St.		Name and telephor	ne number of person to be contacted on matters inv
San Jose	CA 95/12			
6. EMPLOYER IDENTIFIC	CATION NUMBER (EIN):		7 TYPE OF ADDI	CANT: (enter appropriate letter in box)
	97236			(M)
TYPE OF APPLICATIO	N:		A. State	H. Independent School Dist.
	_		B. County	I. State Controlled Institution of Higher Learning
	New 🔯 Continues	ion Revision	C. Municipal	J. Physim University
f Revision, enter appropri	ate letter(s) in box(es)		D. Township	K. Indian Tribe
	377/		E. Interstate	L, individual
	B. Decrease Award C. Ir	ncrease Duration	F. Intermunicipal	M. Profit Organization
	Other(specity):		G. Special Diamet	(
į	.**		9. NAME OF FEDER	Organization
			U.S. For	ironmental Protection
O. CATALOG OF FEDER	AL DOMESTIC ASSISTAN	A ROMANTA	149eney	
	IN DOIDED IN AMAIS IN	ICE RUBBBBB.	14 NECAMINATION	
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Super	fund Technica	a/ 66-1800	6 Tubic p	tion Moffett Field
Super	fund Technica	a/ 66-1800	6 Tubic p	tion Moffett Field
Super TITLE: Assis 2. AREAS AFFECTED BY Lities of Mou	fund Technica stance Grant PROJECT (CHIES, Countle ntain View, Su	es, States, etc.):	Air Stat	tion Moffett Field  Superfund site
Super TITLE: Assis 2. AREAS AFFECTED BY Lities of Mount	fund Technica stance Grant PROJECT (CHIEB, Countle ntain View, Su Clara County	a/ 66-800 + 20, States, otc.): congrate, and Pa	Air State (NASMF) Record of	tion Moffett Field  Superfund site  F Decision
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TITLE: ASSIS  2. AREAS AFFECTED BY  2. ities of Mou.  4/to, Santa  L PROPOSED PROJECT  BIT Date Ending Date  1/1/03 10/1/0	fund Technica stance Grant PROJECT (CHIEB, Countle ntain View, Su Clara County	a/ 66-800 + 20, States, otc.): congrate, and Pa	Air State (NASMF) Record of	tion Moffett Field  Superfund site  F Decision
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TITLE: AS 513  2. AREAS AFFECTED BY  2. It is of Mou.  Alto, Senta  3. PROPOSED PROJECT  BIT Date Ending Date  2. I JOS JOJIO  ESTIMATED FUNDING:  Pederal  Applicant  State  OTAL  TO THE BEST OF MY KN  CUMENT HAS BEEN DUI	Fund Technical Stance Grant PROJECT (CHIES, Countil ntain View, Su Clara County 14. CONGRESSION B A. Applicant 6 Silicon Vall \$ 31, 200 \$ 12,596 \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	ALL DATA IN THIS APPLIC	D. Project Public  Superfund  16. 16 APPLICATION  ORDER 12372 PR  A YES. THIS PREA  AVAILABLE  PROCESS  DATE  D. NO.   PROGRAI  OR PROGRAI  TO REVI	FIGURE AND TECHNOLOGY  Monda (15th)  Participation In NHSMF  Subject to review by state executive  NOCESS? NO  APPLICATION/APPLICATION WAS MADE  TO THE STATE EXECUTIVE ORDER 12372  FOR REVIEW ON:  MIS NOT COVERED BY E. O. 12372  FRAM HAS NOT BEEN SELECTED BY STATE  FOR THE STATE OF THE STATE  TO DELINQUENT ON ANY FEDERAL DEBT?  THACK AN EXPLORATION.
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						OMB Approval No. 0348-0043	
APPLICATION	FOR		2. DATE SUBMITTED	10.0000	Applicant Identifier		
FEDERAL AS			Septembe	er 12, 2003			
1. TYPE OF SUBMISS			3. DATE RECEIVED B	Y STATE	State Applicant Identifier		
Application	1	plication					
☐ Construction	□ co	onstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	on 🗆 No	n-Construction					
5. APPLICANT INFOR							
Legal Name: County o			@ B N W	Organizational Unit:			
Address (give city, con		code) n	<u> </u>	Name and tolephone	number of person to be contacted of	on matters involving this	
Department of Trans 2300 County Center Santa Rosa, CA 954	sportation and P Drive, Suite B-1	ublid Works	4.0.60	application (give and	ea code) John Maitland 707-565-25	28	
			SEP 12 20			L. Isl	
6. EMPLOYER IDENT	IFICATION NUM	BER (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate letter in		
9 4 -	6 0 0	0   5   3   9		A. State	H. Independent School D		
		<del>- letati</del>	<del>- CLEAKINL</del>	B. County  C. Municipal	State Controlled Instit     J. Private University	ution of Higher Leaming	
8. TYPE OF APPLICA	ITION:	311111	The state of the s	D. Township	K. Indian Tribe		
	New	☐ Continuation	☐ Revision	E. Interstate	L. Individual		
		<del></del>	<del></del>	F. Intermunicip		lon-profit	
If Revision, enter appro	opriate letter(s) in t			G. Special Dist	nict N. Other (Specify) N. Other	on-protit	
A. Increase Award	B. Decre	ease Award C.	Increase Duration	9. NAME OF FEDE	DAL ACENCY:		
D. Decrease Durath	on Other (s	pecify):		9. NAME OF FEDE			
					Department of Comme	erce	
10. CATALOG OF FE	DERAL DOMEST	IC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
101 07777200 07 72				National Oceanic and Atmospheric Administration Odd Fellows Road Community-Based Habitat Restoration Project			
			4 6 3				
TITLE:							
12. AREAS AFFECTED I	BY PROJECT (cities	s, countles, states, et	c.):				
Sonoma County	California			<u></u>			
13. PROPOSED PRO	JECT:	14. CONGRESS	SIONAL DISTRICTS O				
Start Date E	Ending Date	a. Applicant		b. Project			
6/01/2004	5/31/2006	C	alifornia 6		California 6		
15. ESTIMATED FUN	DING:				CATION SUBJECT TO REVIEW BY	STATE EXECUTIVE	
a. Federal	\$		206 27	-,	2372 PROCESS?		
			206,27	a. , co.	THIS PREAPPLICATION/APPLIC		
b. Applicant	\$		360,62		AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State	\$				DATE 9/12/2003		
d. Local	\$			b. NO. [	<del></del>		
e. Other \$				OR PROGRAM HAS NOT BEE FOR REVIEW	N SELECTED BY STATE		
f. Program Income	\$			17. IS THE A	PPLICANT DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL	\$		566,89	8	If "Yes," attach an explanation.	⊠ No	
18. TO THE BEST OF M BY THE GOVERNING BO	Y KNOWLEDGE AN DDY OF THE APPLIC	D BELIEF, ALL DATA CANT AND THE APPL	IN THIS APPLICATION/FICANT WILL COMPLY W	REAPPLICATION ARE T	RUE AND CORRECT. THE DOCUMENT LURANCES IF THE ASSISTANCE IS AWA	111111111111111111111111111111111111111	
a. Typed Name of Aut Mike Chrystal	thorized Represen	tative	b. Title Count	y Administrator, (	County of Sonoma	c. Telephone number (707) 565-2431	
d. Signature of Author	rized Representati					e. Date Signed September 11, 2003	
1		1				Report by OMB Circular A-10	

APPLICATION FOR					
FEDERAL ASSISTANCE		2. DATE SUBMITTED	Application Identifier		
			90CM0151		
1 TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
{ } Construction { }	Construction	4. DATE RECEIVED BY FEDERAL	AGENCY		
{ X } Non-Construction { }	Non-Construction				
5 APPLICATION INFORMATION					
Legal Name: Economic Opportunity	Commission	Organization Unit:			
of San Luis Obispo C	County, Inc.	Migrant and Seasonal Head	d Start		
Address (give city, county, state and z	ip)	Name and telephone number of the person	on to be contracted on		
1030 Southwood Drive		matters involving the application (gi	ve area code)		
San Luis Obispo County		William Castellanos (805) 54	4-4355		
San Luis Obispo, CA 9340	)1	FAX # (805) 549-8388			
6 EMPLOYER IDENTIFICATION	NUMBER (EIN):	7. TYPE OF APPLICANT (enter appropr	iate letter in box) { N }		
95-2410253		A. State	H. Independent School Dist.		
8 TYPE OF APPLICATION		B. County	<ol> <li>State Controlled Institution</li> </ol>		
		C. Municipal	of Higher Learning		
(X) New () Continuation (	) Revision	D. Township	J. Private University		
		E. Interstate	K. Indian Tribe		
		F. Intermunicipal	L. Individual		
If Revision, enter appropriate letter(	s) in boxes: ( )	G. Special District	M. Profit Organization		
A. Increase Award	B. Decrease Award		N. Other (Specify)		
C. Increase Duration	D. Decrease Duration	a Ziahtheydeg Stiden St	Community Action Agency		
Other (Specify):		9. NAME OF FEDERAL AGENCY:			
	A St. Brown grant, American	Administration for Children and	Families		
	<u>ced 1 1 700</u>	Office of Human Development S			
10 CATALOG OF FEDERAL DOMEST	TC JL JL	11. DESCRIPTIVE TITLE OF APPL	ICANT'S PROJECT:		
		Program Announcement	No. <b>ACYF/HSB 2003-01</b>		
TITLE: Migrant Head Start	STATE CLEARING H	Program Announcement Innovation & Improvem			
TITLE: Migrant Head Start	STATE CLEARING H	Program Announcement Innovation & Improvem Head Start	ent projects related to		
12 AREAS AFFECTED BY PROJECT	Resiliance secure extraoria de distribute de la constante de l	Innovation & Improvem	ent projects related to Programs.		
	Resiliance secure extraoria de distribute de la constante de l	Innovation & Improvem Head Start	nent projects related to Programs. for the Migrant and Seasonal		
12 AREAS AFFECTED BY PROJECT	Resiliance secure extraoria de distribute de la constante de l	Innovation & Improvem  Head Start  Improved service to rural areas	nent projects related to Programs. for the Migrant and Seasonal		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo, and Santa Barbara Counties	Resiliance secure extraoria de distribute de la constante de l	Innovation & Improvem  Head Start  Improved service to rural areas  Head Start	nent projects related to Programs. for the Migrant and Seasonal Program.		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo,	(city, counties, states, etc.):	Innovation & Improvem  Head Start  Improved service to rural areas	nent projects related to Programs. for the Migrant and Seasonal Program.		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo, and Santa Barbara Counties  13 PROPOSED PROJECT: Start Date	(city, counties, states, etc.):	Innovation & Improvem Head Start Improved service to rural areas Head Start  14. CONGRESSIONAL DISTRICTS  a. Applicant	nent projects related to Programs. for the Migrant and Seasonal Program.  b. Project		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo, and Santa Barbara Counties  13 PROPOSED PROJECT:	(city, counties, states, etc.):	Innovation & Improvem Head Start Improved service to rural areas Head Start  14. CONGRESSIONAL DISTRICTS a. Applicant 22, 23	pent projects related to Programs. for the Migrant and Seasonal Program.  b. Project 17, 22, 23		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo, and Santa Barbara Counties  13 PROPOSED PROJECT: Start Date 9/1/2003	(city, counties, states, etc.):	Innovation & Improvem Head Start Improved service to rural areas Head Start  14. CONGRESSIONAL DISTRICTS  a. Applicant	pent projects related to Programs. for the Migrant and Seasonal Program.  b. Project 17, 22, 23		
12 AREAS AFFECTED BY PROJECT Monterey, San Luis Obispo, and Santa Barbara Counties  13 PROPOSED PROJECT: Start Date 9/1/2003  15 ESTIMATED FUNDING:	(city, counties, states, etc.):  Ending Date 5/31/2007	Innovation & Improvem Head Start Improved service to rural areas Head Start  14. CONGRESSIONAL DISTRICTS a. Applicant 22, 23	pent projects related to Programs. for the Migrant and Seasonal Program.  b. Project 17, 22, 23		
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						ON	IB Approval No. 0348-0043
APPLICATION FEDERAL ASS		F 424)		2. DATE SUB	MITTED 1-03	A	pplicant Identifier
1. TYPE OF SUBI	MISSION;			3. DATE REC	EIVED BY STATE	s	tate Application Identifier
Application		Preapplicat	ilan				,
Construction		Constru		4 DATE BEC	EIVED BY FEDERAL AGE	ICV F	ederal Identifier
X Non-Construction	<u> </u>		nstruction	T. DATE REC	LIVED BY PEDERAL AGE!		ederal identifier
5. APPLICANT INFO	RMATION						
The Nature C	олservancv			Organizationa			
	_				o River Project		
Address (give city, co 201 Mission Stre	ounty, State, and zi et 4 <sup>th</sup> Floor	o code):		Name and tell application (gi	ephone number of person to	be contac	ted on matters involving this
San Francisco, C		可居居	E I W		r (530) 897-6375		
6. EMPLOYER IDEN			16 H W		APPLICANT: (enter approp	riste letter	in havi N
	100	nll					
53-02426	- less		1 1 2003	A. B. C. D.	County I. State	ate Univers	chool District d Institution of Higher Learning sity
-	S	TATE CLE	ARING HO	USE F. G.	Interstate L. Indi	/idual t Organiza	
8. TYPE OF APPL	ICATION;			9. NAME OF	FEDERAL AGENCY:		
X NewContinu	uatlon Revisio	n		Na	tional Oceanic and Atr	nospheri	c Administration
If Revision, enter app	ropriate letter(s) In	box(es)	_				
A. Increase Award D. Decrease Duratio	B. Decrease Awar n Other (specify):	1 C. Increase	Duration				
10. CATALOG OF FE	EDERAL DOMEST	IC ASSISTAN	CE NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLICAN	rs proje	CT:
TITLE: Habitat Co	nservation			Sacramento	River Floodplain Res	toration:	Ohm 3 Unit
12. AREAS AFFECT Tehama Coun		cities, counties	s, states, etc.)				
13. PROPOSED PRO	UECT:	14. CONGR	RESSIONAL DIS	TRICT OF:			
Start Date 1/1/04	Ending Date 12/31/05	a. Applican	t <u>8</u>			Ь,	Project 3
15. ESTIMATED FUN	IDING:		16. IS APPLICA	ATION SUBJEC	TTO REVIEW BY STATE E	XECUTIVI	ORDER 12372 PROCESS?
a. Federal	\$	100,000.00	a. YES.	THIS PREAF EXECUTIVE	PLICATION/APPLICATION ORDER 12372 PROCESS	WAS MAI	DE AVAILABLE TO THE STATE
b. Applicant	\$	100,000.00	]	DATE 9-)			
c. State	\$		b. NO	PROGRAM IS N	NOT COVERED BY E.O. 12	372	
d. Local	\$				M HAS NOT BEEN SELECT		ATE FOR REVIEW
e. Other	\$	-					
f. Program Income			17. IS THE APP	PLICANT DELIN	QUENT ON ANY FEDERAL	DEBT?	
g, TOTAL	-	\$200,000.00	1	If "Yes" attach a			ı
18. To the best of my governing body of the	knowledge and be applicant and the a	lief, all data in i	bla ===lia=lia=la	reapplication are tached assurance	true and correct, the documes if the assistance is award	ent has be	en duly authorized by the
<ol> <li>Typed Name of A</li> </ol>	Authorized Represe		· · · · · · · · · · · · · · · · · · ·		b. Title		c. Telephone Number
Mike Sweene		M	7		Chief Operating	Officer	(415) 777-0487
d. Signature of Autho	rized Representativ	e ·	· )	-			e. Date Signed

5 11 2003 08:51AM P2

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier
1 202,012 700.0171		09/11/03	•	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
X Non-Construction  5. APPLICANT INFORMATION	X Non-Construction			
Legal Name:			Organizational Unit:	
Community First Coa	alition = G	P U W E F	- Grantagoria	
Address (give city, county, State,		E O V E	Name and telephone r	number of person to be contacted on matters involving
1100 Brussels St.			this application (give a	rea code)
San Francisco, Ca. 94	4134   SEP	1 1 2003	415.468-8964	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
3 1 - 1 8 2 3	8 0 9	E. C. The committee of the particular and the place of the particular forms and the particular design of the particular and the		N
		SHOULDING 13	<b>(</b> )	H. Independent School Dist.
B. TYPE OF APPLICATION:		LAM TO HOOV	B. County	State Controlled Institution of Higher Learning     J. Private University
X New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)	<u> </u>	E. Interstate	L Individual
The vision, cinci appropriate is:			F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) TAG Hunters Point HPSY
D. Decrease Duration Other(s	specify):			
			9. NAME OF FEDERA	AL AGENCY:
			EPA	
10. CATALOG OF PEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
	Ţ.	66-806	EPA Technica	ıl Assistance Grant
Tochnica			Hunters Point	
TITLE: Technica	ASSISTANCE GI	alli	Tiurico o onic	omp raid
San Franciso	30, S.F. CA			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS		<u> </u>	
EPA TAG HPSY	District 8 Nancy Po			
Start Date Ending Date	a. Applicant		b. Project	
10/03   10/04	Community First	Coalition	Technical Ass	sistance Grant HPSY
15. ESTIMATED FUNDING:		-	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	IOCESS?
a. Federal	\$ 50	0.000°°		
		J,000		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 22	2,500 <sup></sup>	1	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	_,000		-
		0 .	DATE 09	9/11/03
d. Local	\$	~ · · ·		
		0 .	b. No.   PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	- W	□ OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE
			FOR REV	IEW .
f. Program Income	\$	0		
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	5 72	2,500 <sup></sup>	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNOW				TON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.	m re i mioriti AND 11	CALLEGARI WILL COMPET WILL ITE
a. Type Name of Authorized Rep.		b. Title		c. Telephone Number
Maurice Campbell		Chair		415.468-8964
d. Signature of Authorized Repre-	sentative	2. alasa		e. Date Signed
	Maurel (	andred		9-11-03

## P.002/002 F-460 +530 2338869 T-163 SEP-10-2003 09:55AM FROM-USDA ALTURAS ICE CENTER APPLICATION FOR OMB Approval No. 0348-0043 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier September 5, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Eastern Plumas Hospital Foundation, Inc. Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 500 First Avenue this application (give area code) Mitch Selking 530-832-9792 Portola, CA 96122 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 5 - 3 5 2 0 3 7 4 n A State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District non-profit N. Other (Specify) D. Decrease Duration Other(specify): 10 9. NAME OF FEDERAL AGENCY: <del>FATE CLE</del>ARING HO**UUS**ĎA - Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 7 6 6 construct retail space for non-profit hospital auxiliary facility and office space for Eastern Plumas Health Care's TITLE: Guaranteed Community Facilities (hospital) dental clinic and home health services 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County - Plumas 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: John Doolittle Start Date Ending Date a. Applicant

10/15/03	10/15/04	District 4		District 4
15. ESTIMATED	FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
				ORDER 12372 PROCESS?
a. Federal		\$	go .	
				a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant		\$ 24,0	59 <sup></sup>	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State		\$	.00	
		1		DATE
d. Local		\$	.oc	
				b. No.   PROGRAM IS NOT COVERED BY E. O. 12372
e. Other Plumas	Bank	\$ 700,0	00 0	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Incon	пе	\$	,00	
				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$ 724,0	59 ·	Yes If "Yes," attach an explanation.

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

VP/Regional Loan Officer

b. Title

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Mitch Selking

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a. Type Name of Authorized Representative

d. Signature of Authorized Bopresentative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

c. Telephone Number

(530) 832-9792

e. Date Signod

PAGE 02

## Standard Form 424

APPLICATION FOR				DE G GAB Approval NE 03400
FEDERAL ASSISTA	NCF	2. DATE SUBMITTED		Applicant Identifier
( =====================================	1102			
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier 2000
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	PEDEDAL ACENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	I STATE CLEARING HOUSE
5. APPLICANT INFORMATION				
Legal Name:	Bennait 1	1+hority	Organizational Unit:	
Antelope Vall Address (give city, county, State	ey Transit A	Tenoricy	Name and taken and	number of person to be contacted on matters involving
1031 West Ave	• '		this application (give a	· ·
Lancaster, CA			Ron Cun	ningham
			661-726	-2616 Ext. 209
6. EMPLOYER IDENTIFICATIO	H NOMBEH (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95-437	11113		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		F P B N W	B. County	I. State Controlled Institution of Higher Learning
Nev	v Continuation	Revision	C. Municipal D. Township	J, Private University K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
	Annual State of State	SEP - 8 200	F. Intermunicipal	M. Profit Organization
	rease Award C. Uncrease specify);	Duration	G. Special District	N. Other (Specify)
D. Dooroda Dorda off			9. NAME OF FEDERA	AL AGENCY:
	STAT	E CLEARING I	U.S. Dep	artment of Transportation
			1	ransit Administration
10. CATALOG OF FEDERAL DO				TLE OF APPLICANT'S PROJECT:
Federal Transi		20-507	Capital as	sistance for the mid-life 3 buss, purchase admin \$
Grants (Urban			maintenance	e equipment, about rustion
12 AREAS AFFECTED BY PAG Antelope Valle	NECT (Cities, Counties, State	es, elc):	of transit	e agripment, construction facility, preventive maintena
Los Angeles Co			and opera	sting assistance.
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS		<u> </u>	
Start Date Ending Date	a. Applicant		h Contact	
4-1-03 12-31-04	25		b. Project 25	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
		<del> </del>	ORDER 12372 PR	OCES9?
a. Federal	2,839,		A VER THIS POEA	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$	,00		TO THE STATE EXECUTIVE ORDER 12372
c. State		60	PROCESS	FOR REVIEW ON:
C. State	\$	, do	DATE	
d. Local	\$ 1 551		DATE	
	1,071,4			M IS NOT COVERED BY E. O. 12372
a. Other	\$	.00		BRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	<b>0</b> 07	FOR REV	iew
	•	'	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 20101	66		ittach an explanation. Mino
18 TO THE RECY OF UNITED	3,910,6		-	• • • • • • • • • • • • • • • • • • • •
DOCUMENT HAS BEEN DINY	LEDUE AND HELIEF, ALL AUTHORIZED BY THE COV	UATA IN THIS APPLICA ERNING RODY OF TUE	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAF	DED.		,
a. Type Name of Authorized Repri	esentative	Tille Executive I	)irector	c. Telephone Number
William Budlor d. Signature of Authorized Repress	1g I	EXECULIVE I		661-726-2616 Ext 203
wallen De		·		9/8/03
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APPLICATION F	FOR				OMB Approval No. 0348-0043	
FEDERAL ASSI		2, DATE SUBMITTE	D Applicant Identifier		7	
Application				State Application I	dentifier	
Construction  Non-Construction	Construction Non-Construction	4, DATE RECEIVED BY F	EDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORM	NABLE CONSERVAT	ION	Osoonizational	Oalt		
Address (give city, count		IVIX	Organizational Name and telephone		ontacted on matters involving this	
121 2ND STREET			application (glive are ALLEN DES	a code) SAULT 415-977	7-0380 X 303	
	FICATION NUMBER (EIN):		7. TYPE OF A	PPLICANT: (enter	appropriate letter in box)	
9 4 - 3 2 3 8. TYPE OF APPLICAT	<u> </u>		A. State B. County	l. Staté Co	ndent School Dist. controlled institution of Higher Learning	
	x New Continuation	n Revision	C. Municipe D. Townshi E. Interstate F. Intermun	p K. Indlan T ₃ L. Individu	'rlbe el	
If Revision, enter approp			G. Special (	District N. Other (S	Non profit 501(c)(3)	
A. Increase Award B. Decrease Award C. Increase Duration     D. Decrease Duration Other (specify):			9. NAME OF	EDERAL AGENCY	:	
			EPA			
10. CATALOG OF FEDE	RAL DOMESTIC ASSISTA	NCE NUMBER:	11, DESCRIPT	IVE TITLE OF APPI	LICANT'S PROJECT:	
TITLE:	463	Water Quali	ty Cooperative A	Agreement		
	BY PROJECT (Cities, Coun	tles, States, etc.):	评			
13. PROPOSED PROJE	CT 14. CONGRESSION	NAL DISTRICTS OF:	:			
Start Date			b. Project			
15. ESTIMATED FUNDII	Τ		18 APPLICATION 12372 PROCES	IN SUBJECT TO REVIEW SS7	BY STATE EXECUTIVE ORDER	
a. Federal b. Applicant	29,000	·	B. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$				- /->	
d. Local	\$		DATE 9/5/03  b, NO. PROGRAM IS NOT COVERED BY E.O. 12372			
e, Other	441.		b. NO.		NOT BEEN SELECTED BY STATE FOR	
f. Program Income	3					
g. TOTAL	\$				ENT ON ANY FEDERAL DEBT?	
	29,000		Yes		ach an explanation. X No	
	WLEDGE AND BELIEF, ALL DATA II THE GOVERNING BODY OF THE AF					
<ul> <li>Type Name of Author</li> <li>Ashley Boren</li> </ul>	rized Representative	b. Title Executive	Director		c. Telephone Number 415-977-0380	
d. Signature of Authoriz	ed Representative				e. Date Signed	
m . mee Vii 11					6:4444 EARM 494 (BEV. 4-09)	

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APPLICATION FOR	2. DATE SUBMITTED		Applicant Identifier	OMB Approval	No. 0348-0043	
FEDERAL ASSISTANCE	8-29-03		1	4.	ł	
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY STAT	F	State Application Identifier			
Application Preapplication	0.0711211202172021701711	-	State Application Identified	•		
Construction Construction	4. DATE RECEIVED BY FEDER	RAL AGENCY	Federal Identifier			
Non-Construction Non-Construction						
5. APPLICANT INFORMATION	.1		<u> </u>			
Legal Name: I Anited HEAlth Con	tore of the	Organization	al Unit:			
Address (give city, county, state, and zip code):	INIA. T.V	Name and te	elephone number of person	to be contacted on m	natters involving	
Jan Daguin	united the.		ion (give area code) K WAIKER		[	
608 ZEDIFET AVE		100		111 -111		
TARliERICA 93648			501-4	46-666	つ × スト	
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF	APPLICANT: (enter apprpria	te letter in boxi		
94.25122	84				7	
		A. State B. County	H. Independe	ent School Dist. trolled Institution of I	Higher Learning	
8. TYPE OF APPLICATION:		C. Munici D. Towns	pal J. Private Un	iversity		
New Con	tinuation Revision	E. Intersta			. 0	
			District N. Other (Spe		PUTIT	
If Revision, enter appropriate letter(s) in				•		
A. Increase Award B. Decrease Award	C. Increase Duration					
D. Decrease Duration Other (specify):	G. Indicase Duration					
		9. NAME OF	FEDERAL AGENCY:			
		HET		2		
		4	A-KURAL I	1 Elipha	ent	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIP	TIVE TITLE OF APPLICANT	S PROJECT:		
<u></u>		(	etrust.	d Hon	4	
	769	001	struction	of HEAI	7~	
TITLE COMMUNITY TACILITIES	S GUARANTEE	Cli	vic in k	E MA	resource and the second of the	Wallet A Calorie Marchagon and State of the
12. AREAS AFFECTED BY PROJECT (Cities, Countie	s, States, etc.)	CIII	11 CI 10	- KINNW	DEMENI	/En
KERMAN, FRESNO,	CA	•			I I laws V Associated W	Arrin L.A
	ESSIONAL DISTRICTS	OE.			SEP 3 2	2003
Start Date Ending Date a. Applicant	ESSICINAL DISTRICTS	b. Proje	ect -			6003
11/05 19-	Kadanovich		19 - RAD	anouth		
15. ESTIMATED FU		16. IS	APPLICATION SUBJECT TO	REVIEW BY STATE	EXECUTIVE APING	a Hous
CF Land 10 -QU		ŀ	IDER 12372 PROCESS?			
a. Federall \$ 74, [	$\infty$	.00 a.	YES. THIS PREAPPLICATION			
h Applicant & J.C.	1-100	00	AVAILABLE TO THE 12372 PROCESS FOR		PRDER	
b. Applicant \$ 7(8)	Su.w	.00			· [	
c. State \$		.00	NO LIB	application	~	
0. State			DATE			
d. Local \$		.00				
120AC		b.	NO PROGRAM IS NO	OT COVERED BY E.O.	12372	
	3,490	.00	1 1	AS NOT BEEN SELEC	TED BY	
Chu Mary Carl	J, 1(1)		STATE FOR REV	IEW		
f. Program Income \$		.00 17. IS T	THE APPLICANT DELINQUE	NT ON ANY FEDERAL	DEBT?	
2 -0.	20-	— 1 —	YES (Attach explanation)			
g. Total \$ 3,780	1,090	.00  □	. 25 (Access) explanation)			
18. TO THE BEST OF MY KNOWLEDGE		IN THIS	APPLICATION/PREAP	PLICATION ARE	TRUE AND	
CORRECT, THE DOCUMENT HAS BEEN	I DULY AUTHORIZED E	Y THE GO	VERNING BODY OF	THE APPLICANT	AND THE	
APPLICANT WILL COMPLY WITH THE A	TTACHED ASSURANCE	S IF THE	ASSISTANCE IS AWA	ARDED.		
a. Type Name of Authorized Representative	b. Title		1 - 100 -	c. Telephone Numb		
ROBERT HARLESS	Chief	trecu	thus Other	559-646	-445	
d. Signature of Authorized Representative				e. Date Signed	2	
Cali VII Klarika	1			Hug 25	J005	

RECEIVED

SEP 2 2003

OMB Approval No. 0348-0043

APPLICATION FOR	TE OF EADING FIGURE			Applicant Identifier	
FEDERAL ASSISTAN	MCELEAHING HOUS	PEJDATE SUBMITTED		Applicant identifier	
		00/27/2003			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	X Non-Construction				
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: City of Ria	11+0		Redeve	lopment Agency	
				number of person to be contacted	on matters involving
Address (give city, county, State,			this application (give a		
150 South Palm Ave Rialto, CA 92376	enue		Robb R. Ste		879-1140
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in bo	
95-6000			A. State	H. Independent School Dist.	C
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of I	Higher Learning
		□ Pavision	C. Municipal	J. Private University	
☑ Nev	w ☐ Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)	7 [	E. Interstate	L. Individual	
If Nevision, enter appropriate is			F. Intermunicipal	M. Profit Organization	
71. 1110104007 111414 D	0/0000////0/4	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	(specify):		9. NAME OF FEDER		
			U.S. Departs	ment of Commerce -	EDA
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NIMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJEC	T:
10, CATALOG OF FEDERAL L	ONIES NO ASSISTANCE I	11 _ 3 0 2	_ I		
	,	111-30-2	-J		
TITLE: Section	203-Planning & .	Admin. Expense	s Rialto A	irport Asset Strate	gy
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, S	States, etc.):			
City of Rialto a	nd County of Sa	n Bernardino			
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF: 3rd Congressio	mál Dietrict	•	
Airport Strategy		ord Congressio	b. Project		
Start Date Ending Date	a. Applicant	Colifornia		rport Asset Strateg	r <b>v</b>
	City of Rialto	, California	AC IS ADDITIONAL	N SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
15. ESTIMATED FUNDING:			1		112 272001172
			ORDER 12372 F	ROCESS!	
a. Federal	\$	100,000 .00	a, YES, THIS PRE	EAPPLICATION/APPLICATION W	/AS MADE
b. Applicant	-  s	150 000 00	AVAILAB	LE TO THE STATE EXECUTIVE	ORDER 12372
b. Applicant	4	150,000	PROCES	S FOR REVIEW ON:	
c. State	\$	.00		00/07/2003	
5, 5,2,5			DATE	08/27/2003	
d. Local	\$	.00		DAMED NOT COVERED BY E. C.	10070
		46	b. No. □ PROGI	RAM IS NOT COVERED BY E. O.	TED BY STATE
e. Other	\$	.00	☐ OR PR	OGRAM HAS NOT BEEN SELEC	TEDDISINE
		00	— FOR RI	E A ICAA	
f. Program Income	\$	•	47 ID THE ADDITO	ANT DELINQUENT ON ANY FE	JERAL DERT?
		- 00			
g. TOTAL	\$	250,000 ·	I —	," attach an explanation.	X No
18 TO THE BEST OF MY KN	OWLEDGE AND BELIEF.	ALL DATA IN THIS APPL	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRE	CT, THE
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICANT WILL COMPLY	Y WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	WARDED.			
a. Type Name of Authorized R Henry T.	Representative	b. Title City Admin	nistrator	c. Telephone Number (909) 820-2528	
d. Signature of Authorized Re	procentative			e. Date Signed	
	Pobbs	tal for		8/27/03	
	WILL PURC	<u> </u>		0	1 (Dov. 7.97)

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

		<del></del>				oval No. 0348-0043	
APPLICATION   FEDERAL ASS			DATE SUBMITTED 8/29	/03	Applicant Idea or SSD 2004-0486		
1. TYPE OF SUBMISSION	Preapp	3.	DATE RECEIVED BY	STATE	State Applicant Identifier		
Application	l ''	<b> </b>	DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
☐ Construction			DATE RECEIVED BY	PEDERAL AGENCY	recera identine		
		-Construction			Turn Music Investigation ACRONIVATOR		
5. APPLICANT INFORMATION	IS THIS PI	ROPOSAL BEING SUBM	TTED TO ANOTHER F		YES NO IF YES, LIST ACRONYM(S)		
Legal Name: The Regents of the	University	of California		Organizational Unit: University of C	California, San Diego School of	Medicine	
University of Califor	nia, San D	iego					
Address (give city, county, Division of Pediatric In 9500 Gilman Drive La Jolla, CA 92093-0	nfectious Dis			involving this applica PI: Victor Nize ADMIN. CONT	e and E-mail number of the person to be co ation (give area code) et, M.D. (858) 534-7408 "ACT: Candace McIvor, (858) 534-717	70	
6. EMPLOYER IDENTIFICATION 9 5	·	N): 0 0 6 1	4 4	A. State	NT: (enter appropriate letter in box)  H. Independent School Dist. I. State Controlled Institution of Hig	N pher Learning	
8. TYPE OF APPLICATION:				B. County C. Municipal	<ol> <li>State Controlled Institution of High</li> <li>J. Private University</li> </ol>		
U. THE OF APPLICATION:		_	<b>-</b>	D. Township	K. Indian Tribe L. Individual		
	⊠ New	☐ Continuation	Revision	E. Interstate F. Intermunicipal			
If Revision, enter appropriate le	tter(s) in box(es):			G. Special Distric		Educational Institution	
A. Increase Award	B. Decreas		ase Duration				
D. Decrease Duration	Other (spec	cify):		9. NAME OF FEDERA	AL AGENCY:		
					National Marine Fisheries Service, NOAA		
10. CATALOG OF FEDERAL	DOMESTIC	1 1 1 .	4 2 7		TLE OF APPLICANT'S PROJECT:		
ASSISTANCE NUMBER:					treptococcus iniae virulence mechanis		
		d Hallimetian Doo	arah and		of a live-attenuated vaccine to protect uaculture operations.	( 11511 111	
TITLE: Fisheries De Development Grants a	velopment a and Coopera	nd Utilization Resi tive Agreements F	rogram (also	litterisive aqu	PECE VE		
known as the Saltons	tall-Kennedy	(S-K) Grant Progr	am)		Secretary South Secretary ( ) Secretary		
12. AREAS AFFECTED BY P	PO IECT /cities	counties states etc.):			SEP 2 2003		
All coastal areas of the United	States and finfish	aquaculture production fa	cilities				
					STATE CLEARING HO	USE	
13. PROPOSED PROJECT:		14. CONGRESSIONA	L DISTRICTS OF:				
Start Date E	nding Date	a. Applicant			b. Project		
7/1/04	6/30/06	49 <sup>th</sup> (California)			(49 <sup>th</sup> California)		
1.			46 IS ADDI ICAT	ION SUBJECT TO REVI	EW BY STATE EXECUTIVE ORDER 12372 PRO	CESS?	
15. ESTIMATED TOTAL PRO			a YES THIS	S PREAPPLICATION/AP	PLICATION WAS MADE AVAILABLE TO THE		
a. Pederai	\$	261,364.0	s	TATE EXECUTIVE ORDI	ER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$	43,096.0	0 DA	TE	8/28/03		
c. State	\$	.0		PROGRAM IS NOT CO	VERED BY E.O. 12372		
d. Local	\$	0.	_	OR PROGRAM HAS N	OT BEEN SELECTED BY STATE FOR REVIEW		
e. Olher	\$	0.					
f. Program Income	\$	).			N ANY FEDERAL DEBT?		
g. TOTAL	\$	304,460.0		If "Yes," attach an ex			
18. TO THE BEST OF MY KNOWL	EDGE AND BELIEF,	ALL DATA IN THIS APPLICAT	ON/PREAPPLICATION ARE	TRUE AND CORRECT. THE	DOCUMENT HAS BEEN DULY IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Autho			H WILL COMPLY WITH THE	b. Title: Contracts		Telephone number 58) 534-0240	
Pamela Alexander			ΛΛ			Date Signed	
d. Signature of Authorize	ea Kepresentat	olem DE "	e Obex Ou	NOUT		วล/วกกจ	

OMB Approval No. 0348-0043

APPLICATION FOR				OMB A	pproval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	2 00/04
		August 2		COUNTY EDBO	i 03/04
1. TYPE OF SUBMISSION:	:4:	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Preappli Construction Cor	nstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction Nor	n-Construction				
5. APPLICANT INFORMATION			Toidialliais		
Legal Name: Madera County Economic [		Commission		ntion & expansion	
Address (give city, county, State, and zip	·		this application (give a	number of person to be contact rea code)	ed on matters involving
2425 W Cleveland, Ste. 10	1		Bob	by Kahn (559) 675-	7768
Madera, CA 93637					
6. EMPLOYER IDENTIFICATION NUMBI	1		7. TYPE OF APPLICA	NT: (enter appropriate letter in	6-N
9 4 - 1 6 8 3 2 7	0		A. State	H. Independent School Dist.	DIN
8. TYPE OF APPLICATION:			<b>B</b> County	I. State Controlled Institution of	of Higher Learning
<b>☑</b> New □	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate letter(s) in be	ox(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	D.4
A. Increase Award B. Decrease Award D. Decrease Duration Other(specify):	vard C. Increase	Duration	G. Special District	N. Other (Specify)	<u>PA</u>
D. Decrease Duration Office (specify).			9. NAME OF FEDERA	AL AGENCY:	
			United States De	partment of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC	C ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJE	CT:
		1 4 - 2 4 6	CDBG SMALL B	USINESS REVOLVING	LOAN FUND
TITLE: CDBG Economic De	evelopment Cor	mponent	(County of Made	ra - Recapitalization)	
12. AREAS AFFECTED BY PROJECT (C			1	1 B B B U V E	
County of Madera					
13. PROPOSED PROJECT 14. COM	NGRESSIONAL DIS	STRICTS OF:	and the state of t	N SEH - 5 7002	
Start Date Ending Date a. Applic			b. Project	OTIS-MINIALO II	TICE
1/1/04 12/30/05   15, ESTIMATED FUNDING:	MADERA CO	UNIYEDU		TATE OFFICE REVIEW BY ST	OUOL.
15. ESTIMATED FUNDING:			ORDER 12372 PR		ATE EXECUTIVE
a. Federal \$		200,000	VEC THE PRE	DDI IOATIONIA DDI IOATIONIA	MAC MADE
b. Applicant \$		90	4	RPPLICATION/APPLICATION NET TO THE STATE EXECUTIVE	
<u> </u>			PROCESS	FOR REVIEW ON:	
c. State \$		.00	DATE		
d. Local \$		,00	b. No. TI PROGRA	M IS NOT COVERED BY E. C	. 12372
e. Other \$		.00	OR PROC	GRAM HAS NOT BEEN SELEC	1
f. Program Income \$		90	FOR REV	IEVV	1
			17. IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL \$		200,000	Yes If "Yes," a	attach an explanation.	<b>₽</b> No
18. TO THE BEST OF MY KNOWLEDGE					
DOCUMENT HAS BEEN DULY AUTHOR ATTACHED ASSURANCES IF THE ASS			E APPLICANT AND TH	IE APPLICANT WILL COMPL	Y WITH THE
a. Type Name of Authorized Representative		b. Title	CTOD	c. Telephone Number	
ROBERT KAHN, JR.		EXECUTIVE DIRE	UIUH	(559) 675-7768 e. Date Signed	
Could the State of Authority of Prepresentative				Standard Form 424	1/2

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR			2. DATE SUBMITTED		Applicant Identifier				
FEDERAL ASSISTANCE		8/28/03							
1. TYPE OF SUBMISSION			3. DATE RECEIVED B	YSTATE	State Applicant Identifier				
Application		nstruction	Y FEDERAL AGENCY	LAGENCY Federal Identifier					
Construction		n-Construction							
Non-Construction  5. APPLICANT INFORMATION		n-igen and in the control of the con			L				
Legal Name:			Organizational Unit: Institute of Marine Sciences						
The Regents of the University of California									
Address (give city, county, state, and zip code): University of California, Santa Cruz				Name and teleptrone number of the person to be contacted on matters involving this application (give area code)  Lynne Van Der Kamp  (831) 459-1574					
1156 High Street									
Santa Cruz, California 95064									
Santa Cruz County				7. TYPE OF APPLICANT: (enter appropriate letter in box)					
6. EMPLOYER IDENTIFICATION	5 3 9 5	6 3	A. State H. Independent School Dist.						
				B. County I. State Controlled Institution of Higher Learning					
8. TYPE OF APPLICATION:				C. Murticipal J. Private University D. Townshin K. Indian Tribe					
M New ☐ Continuation ☐ Revision				D Township K. Indian Tribe E Interstate L. Individual					
☑ New ☐ Continuation ☐ Revision				F. Intermunicipal M. Profit Organization					
If Revision, enter appropriate letter(s) in box(es):				G. Special Distr	ict N.	Other (Specify)			
A. Increase Award B. Decrease Award C. Increase Duration				9. NAME OF FEDERA	L AGENCY:				
D Decrease Duration Other (specify):				NOAA-NMFS Saltonstall-Kennedy					
10. CATALOG OF FEDERAL D	4 2 7	11. DESCRIPTIVE TIT	LE OF APPLIC	CANT'S PROJECT:					
ASSISTANCE NUMBER:  TITLE: Fisheries Development and Utilization Research and  Documenting Change in Fishing Communities: A Collaborative Science of the Communities							Collaborative Social		
TITLE: Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientific Scientifi						ing Communities: A	= = = = = = = = = = = = = = = = = = = =		
		4		D E G	EOVEM				
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):									
San Luis Obispo County, CA									
Larger West Coast						IIIII SEP	- 2 2003 LY		
DISTRICTO OF				<u> </u>					
13. PROPOSED PROJECT: Start Date End				STATE GLEARING HOUSE					
ł t	3/3 <b>9</b> /0 <b>6</b>	17th				ISTATE WILL	EARING MOUSE		
				:					
				ATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE					
a. Federal \$	a. Federal s 201,477 00 a. YES. 1HIS					ATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
h Assissant									
b. Applicant \$		30, 161.	TE	9/2/03		_			
c. State \$		00							
	b NO. ☐ PR				PROGRAM IS NOT COVERED BY E.O. 12372				
d. Local §			00	OR PROGRAM HAS I	OT BEEN S	ELECTED BY STATE	FOR REVIEW		
e. Other \$			00						
, , , , , , , , , , , , , , , , , , , ,									
f. Program Income \$			00 17. IS THE APPL	ICANT DELINQUENT ON	ANY FEDERAI	L DEBTY			
- TOTAL		024 028		If "Yes," altach an ex	planation.	<b>⊠</b> No	)		
g. TOTAL \$ 231,638.00 Lives in res, attach all explanation.									
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY									
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  TO THE BEST OF MY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  D. Title  C. Telephone number									
a. Typed Name of Authorize			osal Coordi	nator	(831) 459-2520				
d. Signature of Authorized F					e. Date Signed				
101									
	SK	roman					Standard For 424 (REV 4-88)		